

EXAMPLE

Aviation Medicine Program SOP

I. PURPOSE: This SOP summarizes and explains the unit commanders Aviation Medicine program and delineates the responsibilities of personnel within the program.

II. APPLICABILITY: This SOP applies to all unit personnel on flight status, and those who provide support to these personnel.

III. BACKGROUND: This SOP establishes the guidelines for the provision of medical support, both clinical and non-clinical, to the aviation population to ensure individual health, flying safety and successful mission completion.

IV. Command Factors

- A. The aviation medicine clinic and the local MTF will provide support for all local aviation medicine programs, including those units without medical assets.
 - 1. Provide space and equipment needed for the performance of flight physicals and aviation sick call.
 - 2. Provide staffing to allow the flight surgeon to adequately perform his/her duties
- B. Rated crewmembers will be administratively restricted from flight duties when their flight physical (FDME) expires.
- C. An FEB will be convened when an aviator's FDME has expired and the aviator has not been medically disqualified or recertified within 180 days expiration of the FDME.
- D. All DAC pilots, contract pilots, civilian ATC personnel and Wage group 11 personnel will maintain a valid US Army FDME.
- E. All non-operational aviators on post will maintain a current FDME.

V. Flight Records

- A. The flight Surgeon will have valid orders placing him/her on flight status. He/she will meet minimum flight hour requirements.
- B. DA Form 4186 will be properly filled out and placed in the flight records along with a copy of all applicable medical waivers.

- C. Extensions for FDME's will be completed prior to the end of the aviator's birth month and they will not exceed 30 days. Only one extension will be granted per year.

VI. Clinical Support

- A. The flight surgeon will periodically review aviation personnel medical records to ensure they are properly maintained.
- B. Health records will contain copies of all up-slips, grounding slips, waivers and extensions.
- C. The flight surgeon's office will maintain a copy of all FDMEs for a minimum of two years. These copies will contain all applicable inclusions.
- D. The local MTF or MACOM will assist the units in maintaining their required medical supplies, making sure requests are filled in a timely manner with medications that have a reasonable shelf life remaining.

VII. Aviation Medicine Related Programs

- A. The aviation units will maintain a continuous training program on aeromedical topics as outlined below.
 - 1. Spatial disorientation
 - 2. Aviation toxicology
 - 3. Altitude physiology
 - 4. Noise in aviation
 - 5. Vision in aviation
 - 6. Illusions in aviation
 - 7. Protective equipment
 - 8. Health maintenance
- B. The flight surgeon will assist unit commanders in developing these programs and in training the aviators.
- C. The flight surgeon will also assist the commander in conducting a mission analysis to determine special aeromedical training requirements such as those listed below.
 - 1. Cold injuries
 - 2. Heat injuries
 - 3. Other topics as dictated by the unit METL
- D. The flight surgeon will periodically inspect the ALSE shop and assist the ALSE NCO/OFF with issues regarding ALSE equipment, especially class VIII supplies.

- E. The flight surgeon will assist each unit's hearing and eyesight conservation officer, advising the commander on these programs.
- F. The flight surgeon will be a member of each unit's safety council, actively participating in safety meetings and safety training.
- G. Annual surveys of each unit's Aviation medicine program will be conducted by the flight surgeon. A completed copy of that survey will be maintained on file by the unit.
- H. Any deficiencies found during the survey will be listed on the unit hazard-tracking log.
- I. The unit Pre-accident plan will include the flight surgeon's duties and responsibilities. It will also address the on and off airfield medical facilities and ambulances (phone numbers, POC etc).

VIII. Airfield

- A. The local AAF will have a published emergency plan including the following information.
 - 1. Medical care capability for the largest aircraft the airfield can serve.
 - 2. Addresses and phone numbers for all medical facilities, ambulance services, Rescue squads etc. that agree to provide services.
 - 3. Instructions for responding to aircraft accidents, bomb incidents, structural fires, natural disasters, radiological incidents, sabotage, hijack situations etc.
- B. A full-scale rehearsal of this plan should be conducted at least once every 5 years.

References for this SOP:

AR 358-95 Army Aviation Accident Prevention
AR 40-501 Standards of Medical Fitness
DA PAM Hearing Conservation Program
AR 616-110 Selection, Training, Utilization and Career Guidance for Army Medical Corps Officers as Flight Surgeons.
AR 600-105 Aviation Service of Rated Army Officers
AR 600-106 Flying Status for Nonrated Army Aviation Personnel
AR 95-1 Flight Regulations
AR 40-3 Medical, Dental and Veterinary Care
FM 3-04.301 (FM 1-301) Aeromedical Training For Flight Personnel
FM 1-300 Flight Operations Procedures

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